

**Catalyst Law Group***energizing the business of science*

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**FACSIMILE TRANSMITTAL SHEET**

DATE: January 23, 2006  
TO: **USPTO Mail Stop ISSUE FEE**  
FROM: David M. Kohn, J.D.  
RE: Serial No.: 10/080,100  
Filing Date: 02/21/2002  
Title: Zinc Finger Binding Domains for Nucleotide Sequence Ann  
Submission of Issue Fee  
FAX NO: (571) 273-2885

TELEPHONE NO:


No. Pages Including Fax Cover Sheet: 3

**COMMENTS:**

Dear Ladies and Gentlemen:

The Director is hereby authorized to charge the required fee(s) of \$1400 to our Deposit Account Number 502235 in regards to the above-mentioned patent application. Applicant respectfully requests a notification if anything else is needed from Applicant with respect to this payment authorization.

Respectfully submitted,

  
David M. Kohn, J.D.  
Reg. No.: 53,150

**CERTIFICATE OF TRANSMISSION**

(37 C.F.R. § 1.8A)

I hereby certify that this paper (along with anything referred to as being attached or enclosed) is being transmitted via facsimile to Fax No. (571) 273-1450, Attn: USPTO Mail Stop ISSUE FEE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Sara Hare

Sara Hare

January 23, 2006

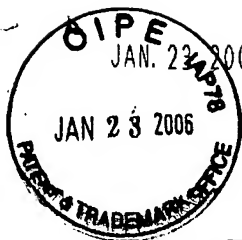
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PAGE 1/3 \* RCVD AT 1/23/2006 3:49:20 PM [Eastern Standard Time] \* SVR:USPTO-EFXXRF-6/37 \* DNIS:2732885 \* CSID:858 450 9834 \* DURATION (mm-ss):01-00

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|                         |                      |
|-------------------------|----------------------|
| <b>TRANSMITTAL FORM</b> |                      |
| Application Number      | 10/080,100           |
| Filing Date             | February 21, 2002    |
| First Named Inventor    | BARBAS, Carlos F.    |
| Art Unit                | 1636                 |
| Examiner Name           | MCKELVEY, Terry Alan |
| Attorney Docket Number  | 8098-001-US          |

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission 2

**ENCLOSURES (Check all that apply)**

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| <input type="checkbox"/> Fee Transmittal Form                             | <input type="checkbox"/> Drawing(s)                                       | <input type="checkbox"/> After Allowance Communication to TC                            |
| <input type="checkbox"/> Fee Attached                                     | <input type="checkbox"/> Licensing-related Papers                         | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences     |
| <input type="checkbox"/> Amendment/Reply                                  | <input type="checkbox"/> Petition   | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final                                      | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Affidavits/declaration(s)                        | <input type="checkbox"/> Power of Attorney, Revocation                    | <input type="checkbox"/> Status Letter  |
| <input type="checkbox"/> Extension of Time Request                        | <input type="checkbox"/> Change of Correspondence Address                 | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):         |
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| <input type="checkbox"/> Information Disclosure Statement                 | <input type="checkbox"/> Request for Refund                               |   |
| <input type="checkbox"/> Certified Copy of Priority Document(s)           | <input type="checkbox"/> CD, Number of CD(s) _____                        |   |
| <input type="checkbox"/> Reply to Missing Parts/Incomplete Application    | <input type="checkbox"/> Landscape Table on CD                            |   |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 |   |   |

Remarks: Please charge the required fee(s) to Deposit Account Number: 502235.

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

|              |                         |
|--------------|-------------------------|
| Firm Name    | Catalyst Law Group, APC |
| Signature    |                         |
| Printed name | David M. Kohn, J.D.     |
| Date         | January 23, 2006        |
| Reg. No.     | 53,150                  |

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

|                       |                  |
|-----------------------|------------------|
| Signature             |                  |
| Typed or printed name | Sara N. Hare     |
| Date                  | January 23, 2006 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 36 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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NO. 3835 P. 3



# NOTICE OF FEE DUE

DATE:

11/23/05

TO:

ISSUE FEE

FROM:

Office of Initial Patent Examination

SUBJECT:

Fee Due \$1400.00

APPLICATION NUMBER 10080100

A fee is due for the attached document submitted to the U.S. Patent and Trademark Office for the following reason. Please check the application for the appropriate authorizations to charge a deposit account if an authorization is present, please charge the Appropriate Fee. If and authorization is not present, notify the applicant of the fee deficiency.

- ☐ Insufficient fee by check
- ☒ Insufficient funds in deposit account
- ☐ Insufficient by Credit Card
- ☐ Declined credit card
- ☐ Non-authorization for charge to deposit account
- ☐ No fee submitted per requirement

The correct fee code: 1501

The suspended fee code: 1999

The suspended 1622

The suspended 2622

Fee Due

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